PD-AAP-914
ISN 36504

App 5N, Ch 5, HB 3
(TM 3:26) 8-3-78

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) — PART I

Report Symbol U-4

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
Health Management and Services Development	278-0208	USAID/JORDAN

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each F.Y.) 84-2

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING		7. PERIOD COVERED BY EVALUATION
A. First PRO Authorization	B. Final Obligation (Grant)	C. Final Input Delivery	A. Total	$ 4,702,000	From (month/yr.) May 1982
FY 78	FY 83	FY 86	B. U.S.	$ 2,875,000	To (month/yr.) May 1984
					Date of Evaluation Review

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues, cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Review, modify and approve Remainder-of-Current Project Work Plan (Annex A), proposed Expenditure Plan (7/1984-10/85) (Annex D) and Logical Framework (Annex E).	MOH and USAID	August 31 1984
2. Develop Job Descriptions for staff members of Planning Directorate.	MOH/Westinghouse	August 31, 1984
3. Investigate feasibility of assigning to Planning Directorate at least two additional full time staff members with skills complementary to present staff.	MOH	Sept. 30, 1984
4. Establish closer working relationship with Primary Health Care Directorate on studies and training activities. E.g.:	MOH/Westinghouse	August 31, 1984
a. Begin joint ORT study.		a. Sept. 15, 1984
b. Outline prepared for Community Nurses training program.		b. Sept. 30, 1984
c. Begin retraining of PHC field workers.		c. Oct. 15, 1984
5. Select Planning Directorate staff for short-and long-term training		Oct. 1, 1984

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- ☐ Project Paper
- ☒ Implementation Plan e.g., CPI Network
- ☐ Other (Specify)
- ☒ Financial Plan
- ☐ PIO/T
- ☒ Logical Framework
- ☐ PIO/C
- ☐ Other (Specify)
- ☐ Project Agreement
- ☐ PIO/P

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. ☒ Continue Project Without Change
- B. ☐ Change Project Design and/or ☐ Change Implementation Plan
- C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Dr. Abdulla Hamdan, MOH Project Director
Donald Harbick, Westinghouse, Chief of Party
Robert Haladay, USAID Health & Population Officer

12. Mission/AID/W Office Director Approval

Signature

Typed Name: Gerald F. Gower

Date: 5 August 1984

AID 1330-24 (10-78)

Best Available Document

NEAR EAST EVALUATION ABSTRACT

PROJECT TITLE(S) AND NUMBER(S)	MISSION/AID/W OFFICE
HEALTH MANAGEMENT AND SERVICES DEVELOPMENT 278-0208	USAID/JORDAN

PROJECT DESCRIPTION To improve the planning capability of the GOJ MOH by the establishment and operationalization of a Health Planning Unit and to expand the institutional capacity of the MOH to provide effective Primary Health care by reorienting the training, assignment and functions of basic health manpower toward provision of PHC services.

AUTHORIZATION DATE AND U.S. LOP FUNDING AMOUNT	PES NUMBER	PES DATE	PES TYPE
FY 78 $2.879 MILLION	84-2	MAY 1984	[X] Regular [ ] Other (Specify)

ABSTRACT PREPARED BY, DATE	ABSTRACT CLEARED BY, DATE	
NANCY CARMICHAEL HARDY, MEO 8/12/84	Robert Haladay, PO (draft) 08/13 Larry Donnelly, A/DD (draft)08/13 Gerald Gower, DIR (draft) 08/13/84	[ ] Special [ ] Terminal

This evaluation was undertaken to assess the project's efforts to improve health planning, upgrade basic health care and management, and determine necessary actions to achieve/revise objectives resulting from the FY 82 project evaluation.

The project is progressing satisfactorily and no major problems were identified. AID-funded technical assistance, provided by the Westinghouse Corp., has been converted from a host country to direct AID contract. The Westinghouse Chief of Party is working in the MOH Planning Directorate and the second long-term advisor, while based there, is spending most of his time in the Primary Health Care Directorate. There is a need for strengthened integration of the two Directorates and renewed involvement of the PHC Directorate should result from the long term advisor's assistance to that Directorate. The planning Directorate is being recognized as a valuable resource to other offices in the MOH, particularly to the Minister's office, which has caused some concern as a potential problem of overdemand on its time and resources. However, careful planning and organizing by the Planning Directorate should limit slippage in attaining the project's objectives.

Key findings of the evaluation include the need for implementing a program of short and long term training for the Planning Directorate and assigning additional staff with skills complementary to those presently on-board. Further technical assistance (short-term) to the Directorate is available through the Westinghouse or AID centrally-funded contracts. The evaluation also concluded that two of the 15 major project output targets are inappropriate in terms of lack of the Planning Directorate's influence on their achievement, and given the limited time left in the project, these should be modified.

While not a specific "lesson learned" this evaluation pointed out the usefulness of the active involvement and participation of MOH staff in its preparation. The AID-MOH-contractor weekly meetings in May were devoted to examination of evaluation elements. The evaluation process culminated in a formal evaluation meeting attended by representatives of the MOH Planning and Primary Health Care Directorates, USAID and Westinghouse.

13. Summary

The Health Management and Services Development Project is progressing satisfactorily. No major problems were identified during the second formal project evaluation, held on June 2, 1984, with representatives of the counterpart Ministry of Health staff, the Westinghouse contract team and USAID/Jordan.

After some delays of a procedural nature late in 1983, there was a successful conversion of the Westinghouse contract from a host country to a direct AID contract.

There is a need for strengthened integration between the Planning Directorate (the principal MOH counterpart to the project) and the Primary Health Care Directorate, in view of the relative decrease in joint training efforts by the two Directorates over the last two years. It is anticipated that renewed involvement of the PHC Directorate will occur, guided by the second resident contract advisor (Health Management Specialist) who has recently established an office in that Directorate. The Director of Primary Health Care participated in the project evaluation.

It was apparent from the project review and evaluation that the Planning Directorate is being recognized as a valuable resource and support to other elements in the MOH and, in particular, the Minister's office. There is a potential problem of overdemand on the time and resources of

the current staff, in terms of diverting project inputs away from achieving jointly-agreed upon project outputs (see Logical Framework Annex E). However, there is general agreement that careful planning and organizing by the Directorate will limit slippage in attaining project outputs.

The level of competence of the current project staff should be enhanced by more intensively implementing a program of short and long-term training and the mix of skills can be enriched by the assigning of additional staff (at least 2) with skills complementary to the present Directorate staff. Job descriptions of members should be developed.

Further technical assistance for the studies and service actions proposed by the Directorate is available either through the Westinghouse contract or other AID-financed central contracts.

Two of the 15 major project output targets (2.G. and 2.H.)were deemed inappropriate in terms of lack of direct influence of the Planning Directorate, given the limited time left in the project, and were recognized as requiring modification.

Recommendations

The most important "actionable" recommendations are listed on the face sheet. The recommendations that emerged from the formal evaluation, found in the minutes of that meeting (Annex C), are that the project implementers should:

1. Revise and produce a PHC Physician's Manual.

2. Initiate retraining programs for auxilliary nurses, in collaboration with the PHC Directorate.

3. Conduct a study on Oral Rehydration Therapy, also in conjunction with the PHC Directorate.

4. Develop a proposal for creating community health nurses program.

5. Assign two members of the MOH project staff to long-term training.

6. Accelerate English language training for MOH staff to enhance their effectiveness and prospects for U.S.-based training.

7. Analyse skills needed to make the Planning Directorate more effective and assign additional members.

8. Review and approve the Project Work Plan (Annex A) and Expenditure Plan (Annex D).

9. Scale down the output target objectives concerning improvement of the equipment and supply system (2.G) and expansion of health education (2.H.).

10. Develop job descriptions for all Directorate staff.

14. Evaluation Methodology

This is the second formal AID evaluation of this project. The first was held April 28-29, 1982. (See Annex B for a summary of that evaluation).

The custom established by the USAID Health Officer in 1982, of tripartite weekly meetings of personnel of the MOH implementing agency, Westinghouse contractor and USAID, was continued by his successor during 1983-84. This management technique permits constant monitoring and an opportunity for periodic stock-taking during project implementation rather than only at mid-course points or termination.

The methodology used in this evaluation was to focus every weekly meeting during the month of May 1984 on an examination of evaluation elements: 1982 Project Evaluation, the PES format, Logframe indicators, specific targets, and other AID documents. Included was an extraordinary session on project financial status with an explanation of current expenditures, balances and pipeline by the USAID Assistant Controller. The Westinghouse Chief of Party and the Management Specialist lent collaborative support to the Project Director and the Directorate staff by guiding the organizing and drafting of major parts of the evaluation. A health financing specialist, on a consultation visit from Westinghouse, represented the Contractor's home office and contributed to the evaluation process.

The process culminated in a formal meeting attended by 16 participants on June 2, 1984. (See Annex C for the Minutes of the Meeting).

15. External Factors

Several events or factors outside of the project and its control have influenced the conduct of the Project.

The interest in a National Health Insurance system has resulted in increased need for research on health care costs, training in financial analysis and management and planning for health services across sector lines. The Planning Unit, though anxious to provide these services, has not yet developed the expertise to take the lead in these efforts. A greater use of consultant services for this type of research and planning will have to be implemented or a separate project coordinated with the Health Management and Services Development Project must be proposed and funded in order to meet these needs.

In 1983 a World Bank team made its first visit to conduct a Health Assessment in Jordan and to explore the possibility of a health project. Since that time several visits have taken place with considerable progress made toward designing the actual project. Since the World Bank's interest is in the improvement and expansion of health care services, the project staff have assisted with data and advice. At the request of His Excellency, Dr. Kamel Ajlouni, The Minister of Health, the Directorate of Planning, Training and Research and elements of the Westinghouse Project team have been involved in the development

of a plan for the promotion and extension of Primary Health Care Services. This plan overlaps with the project objective regarding the development of an operational plan for the expansion and improvement of Primary Health Care Services. As these two efforts share the same objectives, it is envisioned that the project will continue work in a cooperative and coordinated manner with the MOH in the completion and implementation of this plan.

16. Project Inputs (see Annex F for AID and MOH Financial Statements)

At this stage of project development, present project resources and planned supplemental allocations appear to be sufficient to achieve the revised project objectives.

AID Inputs

A. Contract Services:

This cost element consists of the Westinghouse Host Country (HC) contract, in existence from July 1980 to the end of 1983, and the current direct contract with AID signed Dec. 29, 1983. The current budget approved in the last Project Agreement Amendment (No. 4) allocates $2,285,000 for contract services. However, to date, $2,517,451 has been earmarked as the total amount for contract services, thus leaving a shortfall of $232,451.

To rectify this deficit, after Westinghouse submits all vouchers of charges against the HC contract, it is expected that approximately $140,000 will remain to be "rolled-over" into the new direct contract to help cover the deficit. USAID/J will issue an Implementation Letter to formalize this transaction, amending the project budget by increasing the contract services item . The exact amount is not known at present; as soon as the final balance of funds available from the HC contract is established, the full amount of the new contract will be obligated, using the balance and approximately $208,000 of Technical Services and Feasibility studies (TSFS) funds which have been allocated for this purpose.

B. Participant Training

During the series of preparatory evaluation work sessions, it became clear that the relative lack of long-term training of Directorate staff had been a problem. The project had fallen short of achieving the participant training targets of 10 short-term and 2 long-term training programs (from revised PP, Amendment No.2), having sponsored 7 PM of short-term training for 12 persons. The principal obstacle thus far, the inadequate level of English language competence,had been recognized and addressed during late 1983, with USAID providing approval for local language training as a legitimate project cost (Other Costs). Thus the MOH Training Directorate should view the proposed expenditure plan (Annex D) as an opportunity to capacitate its personnel in health services

planning, management and administration. Long lead times required in selecting staff, preparing them in English and the training itself indicate that early decisions and prompt action by the MOH on this matter would be prudent.

The possibility exists that the Project Assistance Completion Date (PACD) of October 31, 1985, may have to be extended if participants are still in training at that time. Towards the end of CY 1984, the Ministry may want to propose such a change to USAID for its approval.

C. Commodities

Basic equipment (typewriters, copy machines, projectors, vehicles) has been purchased for the project at a cost of $104,516. Approximately $159,484 remain in this category. It was agreed during the evaluation that the MOH must act swiftly to identify needs, select sources, and initiate procurement within the next quarter of commodities needed in the project.

D. Other Costs

A total of $112,925 remains in this category. As a result of the evaluation work sessions with the MOH, a number of items were proposed for funding under this allocation (e.g., printing of manuals and clinic forms, local training). It was discussed that

many of the items proposed must be subject to case-by-case approval by USAID to include project coverage of pilot or start-up costs while avoiding recurring cost or budget support items.

MOH Inputs

From the start of project planning in 1977 through final implementation in 1985, the MOH estimates that it will contribute a minimum of J.D. 452,140 ($1,220,778) in personnel and JD. 158,321 ($427,467) in infrastructure costs (buildings furniture, recurring expenses). Thus JD. 610,461 ($1,648,245) is expected to be the total MOH contribution to the project, 1977-1985. (See Annex F for explanatory details.)

17. Project Outputs

The following outline lists the progress and present status of the project vis-a-vis the logical framework.

Note: See Annex E for a copy of the Logical Framework fram the current Project Paper, Amendment No. 2, dated Feb. 28, 1983.
It is understood that the direct or implied recommendations found in the "Comments" section are to be carried out by the MOH Planning Directorate. These actions are elaborated upon in Annex A, Work Plan.

Project Purpose No. 1 :Development and operationalization of health planning, policy analysis, evaluation and programming for health services delivery by the Ministry of Health (MOH).

Target objective 1.A: Health Planning Unit fully staffed with well trained personnel: 5 staff and 46 person months of training.

1. Status:
   a. 7 full time equivalent staff assigned.
   b. 48 person months of in-country and participant training provided.
      (One year course for Project Director sponsored with non-project funds)
2. Comments:
   a. There is a possible need for career structure, scheme of service and opportunities for career development.
   b. There is a possible need for additional training in selected areas.
   c. There is a continuing need for on-the-job training.
   d. There is need for additional experience, coupled with increasing opportunities for assuming greater responsibility and authority.
   e. There is a need for continuing appraisal of skill-mix and expertise required.
   f. There is a need for closer relationship with university research community and possible joint collaboration in health services delivery research activities. For example, assistance in research methodology, epidemiology and economic analysis world be of great use to the Project.

Target objective IB Develop Health Information System (HIS) for primary health care providing information covering:

Personnel

Population served (coverage)

Services delivered

Costs of delivering services, and sources and amounts of financing.

1. Status:

   a. Information form designed, field tested and delivered to government printers.

   b. Delay in printing has exceeded six months.

2. Comments:

   a. Given the centralized nature of the budgeting and accounting system used by the MOH, it will not be possible to collect data reflecting the actual costs of delivering services. Ways of obtaining these important data should be explored.

   b. Ways must be explored to expedite the printing of the forms.

   c. A plan must be developed for the distribution of the form, accompanied by appropriate instruction and direction of responsibility for application reporting, etc.

   d. There is a possible need for training health personnel in completing the form, verification of accuracy, and reporting results.

   e. A plan should be developed concerning how the data recovered would be processed, analyzed, presented, utilized and distributed and all levels.

Target objective IC: Conduct of special studies, at least one each in the areas of oral rehydration salts (ORS) usage and infant mortality.

I. Status:

a. Cost of Student Training in Paramedical Institute (Dentistry 1982), 8 pages, Arabic and English.

b. Cost of Student Training in Nursing College, 1982, 15 pages, Arabic.

c. Cost of Pilgrimage Team, 1982, 3 pages, Arabic.

d. Infant Mortality Rate in Jordan, 1982, 35 pages, English.

e. Study of Survival Rate of Premature Infants in Al Bashir Hospital, 1982, 21 pages, English.

f. Distribution of Benign and Malignant Tumours during the period 1956-1982, 3 pages, 1982, English.

g. Health Manpower in Jordan, 1982, 21 pages, Arabic-1983, 32 p. English

h. Study of Comparative Costs for Treatment of Tuberculosis, 1983, 7 pages, English.

i. Study of Costs of Primary Health Care Courses for Physicians, 1983, 20 pages, Arabic.

j. Designs of Health Information System - Reporting Forms, 1983, 15 pages, English.

k. Urgent Situation Capacity of Government and non-Government Hospitals, present and future, 1984, 12 pages, Arabic.

l. Projection of the Number of Assistant Pharmacists Needed in the Next Five Years, 1984, 4 pages, Arabic.

m. Levels and Trends of Infant and Child Mortality in Arab Region Countries, 7 pages, Continuing, English.

n. Study of Maternal and Child Health Care Program, 36 pages, Continuing, Arabic.

The following special studies are in process:

a. Morbidity in Three Governorates in Outpatient Clinics in Jordan, 1982, 20 pages, English.

b. Cost of Patient Care in Al Karamah Mental Hospital, 1983, 9 pages, Arabic and English.

c. School Health Planning and Budget Project, 1983, 22 pages, English.

d. Morbidity in Jordan in Outpatient Clinics in 1983, Arabic.

e. Study of Cost of Prototype Comprehensive Health Center, 1984, 40 pages, Arabic.

f. Study of National Health Insurance (NHI). 20 pages, Continuing, English.

The following special study is on-going:

a. Mortality Rate in Jordan, 1983, Computerized, English.

2. Comments:

a. The Planning Unit has not undertaken a study in the area of ORS, because seemingly similar studies have been conducted by WHO and local agencies. A determination was made during the evaluation that there is a need for a follow-up study and evaluation of ORS activities.

b. All on-going studies should be completed by the end of the project.

c. The need for and the feasibility of conducting additional studies, possibly in collaboration with university professors, should be explored and planned to be undertaken in the future, if appropriate.

d. While initial work has been done in outlining alternative approaches for a study on actual costs of health services, the development of a suitable plan for implementing this study is needed.

Target objective ID: Analysis of Primary Health Care (PHC) delivery and development of an operational primary health care delivery system.

1. Status:

   a. A draft of a comprehensive operational plan for Jordan's PHC system has been written.

2. Comments:

   a. The draft plan is in the process of being reviewed.

   b. The draft possibly would need to be revised and expanded with emphasis on implementation and operationalization.

Target objective IE: Evaluation of other MCH on-going programs.

1. Status:

   The following evaluations have been conducted:

   a. MCH Services: MCH services evaluated by WHO in 1982. New data is available from 1983 Fertility Survey and recommendations for improving services were developed

during the WHO conference in March 1984. Based on the foregoing the Planning Unit is conducting an evaluation and planning project for MCH services.

Administration: Completed evaluation of job descriptions for physicians and nurses and cost studies for health services.

Staff Utilization: Completed health manpower study.

2. Comments:

   a. Additional evaluation studies of on-going MOH programs need to be conducted (e.g., service costs and accounting procedures).

   b. Evaluations undertaken should reflect priorities and policies of the MOH.

Target objective II: Planning Manual developed and MOH personnel trained in its usage: 200 copies distributed and three workshops are to be held.

1. Status:

   a. A planning manual has been developed and printed in English.

   b. The document has been reviewed and accepted.

   c. Over 100 copies have been distributed.

2. Comments:

   a. The Planning manual should be translated into Arabic.

   b. Workshops should be conducted at strategic locations and times of the year.

   c. Workshops should be conducted in Arabic.

Target Objective IG: Assist in development of Five Year Plan for MOH covering FY 1986-1990 (corrected from CY 1984-88 stated in PP)

1. Status:

   a. An outline of the health plan has been written.

   b. Members of the Planning Unit are currently drafting selected sections of the plan.

2. Comments:

   a. Intensive work on the complete health sector plan document should be preceeded by policy directives provided by His Excellency, the Minister of Health.

   b. The health plan may also reflect the policy directives and format suggested by the National Planning Council (NPC).

   c. The plan should be completed by the end of 1985.

Project Purpose No. 2: To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.

Target objective 2A: PHC Physician's Manual developed: one prototype manual and 2,000 copies distributed.

1. Status:

   a. First draft completed, most of which is too medically oriented and thus inappropriate and unacceptable.

   b. Roughly 20 percent of manuscript is appropriate and can be salvaged for use in a manual to be newly developed.

2. Comments:

   a. Most of the PHC Physician's Manual remains to be completed.

   b. This may be accomplished by commissioning prominent Jordanian specialists or regional consultants to complete the work.

Target objective 2B: PHC personnel trained, in place and providing services: Approximately 900 workers trained and 600 clinics fully staffed, equipped and functioning.

1. Status:

   a. Over 730 PHC workers trained.

   b. Equipment purchased and distributed to over 50 clinics.

   c. PHC curricula developed and two impact studies performed.

2. Comments:

   a. There are only 461 clinics and health centers at this time in Jordan, 600 was the number estimated at the time of project design.

   b. Allowance in budgets not sufficient to permit equipping of all 461 clinics.

   c. Problems in logistics and supply system inhibit distribution of equipment.

   d. It is not within the administrative jurisdiction of the Planning Directorate to direct staffing or to ensure functioning of clinics.

Target objective 2C: PHC training occurring on a continuous basis:

1. Status:

   a. PHC curricula have been developed and introduced in 13 training centers in which PHC training is taking place on a continuing basis.

2. Comments:

   a. PHC curricula are in process of being revised.

   b. There is a need to follow-up on impact studies of effective practice of PHC clinics.

Target objective 2D: Population served by PHC system is increased: Population served by clinics increased by 75 percent.

1. Status:

   a. Services have increased to population, but precise percentage is unknown.

2. Comments:

   a. Unfortunately, no baseline study was prescribed enabling precise measurement of extent of increased population coverage.

   b. Clinic records have been examined and found to be inadequate to chart progress in coverage.

   c. Inferences based on fragmented sample suggest that targeted 75 percent increase in population coverage is being met.

   d. Special study efforts will be undertaken to estimate percent of population coverage increase over the remainder of project.

   e. Institutionalization of the health information system (Target 1.B.) will make such measurements possible in the future.

Target objective 2E: PHC system functioning more effectively and efficiently: Reduced cost per patient and reduced incidence of preventable diseases in population served.

1. Status:

   a. PHC system is functioning more effectively based on results of impact study and long term observation.

   b. Some preliminary cost disease incidence data were collected during the course of impact study, but point-to-point comparative analysis remains to be undertaken.

   c. Accurate cost data have been impossible to collect.

2. Comments:

   a. Because of the centralized nature of budgeting and accounting systems in the MOH, accurate data reflecting costs per patient are not possible to obtain.

   b. There is a need for special studies of costs per patient based on a sample of selected clinics and hospitals; however, these cannot be done within the present project resources. Assistance from AID-funded central contracts or from other sources to carry out these studies should be sought.

   c. In the absence of well monitored clinic records and household survey data, it is not possible to obtain an accurate measurement of changes in disease incidence.

Target objective 2F: Supervisory system of all training personnel functioning: 50 supervisors trained and performing supervisory services.

1. Status:

   a. 50 supervisors trained.

b. Some supervisors have been transferred to different posts, thus the allocation of trained supervisory personnel has changed since training has taken place.

2. Comments:

a. There is a need for follow-up retraining of supervisors.

b. There is need for a supervisory feedback study.

Target objective 2G: Assist in improvement of medical equipment and supply system: Adequate supplies at the end of supply system (no stock-outs).

1. Status:

a. Stock-outs continue to exist in the system. Objective has not been achieved.

2. Comments:

a. Assisting in the improvement of medical system is not a sufficient or controlling factor in assuring the adequacy of supplies at the end of the supply system and the absence of stock-outs.

b. Supply adequacy also depends on procurement policies, procedures, systems, funding and import considerations, as well as on characteristics of the distribution and logistical support system.

c. More effort needs to be dedicated to this area, but is is doubtful that this objective can be completely met in the course of this project, given the resources available.

Target objective 2H: Expanded outreach and educational capabilities developed: five home visits per auxillary per week, educational materials prepared and distributed.

1. Status:

   a. Earlier efforts of the training component of the project emphasized outreach and in several areas assistant nurses have performed outreach activities.

   b. No attempts have been made to develop comprehensive health education services.

2. Comments:

   a. There is agreement among parties that the production aspects of health education will be undertaken as a separate project (AID Project 278-0245).

   b. Outreach activities may be developed as part of the implementation of the PHC Operational Plan, and continue to be part of any training in PHC for field workers.

18. PURPOSE

With an overall goal to improve the health status of the population of Jordan, the project has two basic purposes (as revised):

A. To improve the planning capability of the MOH by the establishment of a Health Planning Unit entrusted with charting the health sector in Jordan.

B. To strengthen and expand the institutional capacity of the MOH to provide effective Primary Health Care.

To meet these purposes, the following objectives were established:

1. To establish in the MOH a planning unit capable of planning for health improvement on a national basis.

   The Health Planning Unit, located in the MOH, will be the key element in developing the future course of the health sector in Jordan, and in the evaluation of all existing and projected programs. It will serve in two different capacities: As a component of the MOH, it will function as a back up, monitor and guide to other Directorates of the Ministry; as a staff unit resposible to the Minister of Health and/or the Higher Health Council, with a national perspective it will respond to requests from either entity. In the conduct of its activities, it will pay particular attention to (and Unit staff training will have to stress) examining cost effectiveness considerations in both new and continuing health sector investments which are recommended.

2. To reorient the training, assignment and functions of basic health manpower toward provision of Primary Health Care Services.

   Upgrading of Basic Health Services to provide the population of Jordan, especially underserved groups and areas with an integrated, efficient and effective network of basic health services. This network will be auxilliary operated and physician supervised. Both consumers and providers will be involved in the determinations of the reallocations of tasks to make the new system acceptable in the Jordanian context.

In attaining these purposes, the Following End of Project Status (EOPS) outcomes will be achieved, as described in A, B, and C below.

A. A Health Planning Unit established with demonstrated capability to study problems and recommend solutions.

As clearly evidenced by the long list of project outputs cited in section 17 that have been achieved thus far, the Planning Directorate is now operational and is being called upon for planning assistance.

Note: See Annex G for a Summary of Accomplishments, 1980-82. It is obvious that there has been an increase in the pace and momentum of the Project, when the Summary is compared to the achievements made during the last two years. The best illustration of the perceived value of the Unit has been its development of a comprehensive health center plan, specifically solicited by the new Minister of Health , for possible presentation to the World Bank.

A noteworthy outcome of the evaluation sessions was the dynamic tension existing in the Directorate that surfaced concerning its function as a instrument of long-term planning on a rational programmed basis, while being responsive to ad-hoc short-term requests for assistance, usually emanating from the offices of the Ministry's policy-makers. The potential dilemma created regarding best allocation of resources should not be insurmountable if staff job descriptions are well defined and their assignments carefully planned and monitored.

B. Improved Primary Health Care Services.

The training of over 700 PHC frontline workers (auxilliary nurses, nurse-midwives, and physicians), the key element to improved health care to the public, was successfully undertaken during an early stage of the project. However, it became evident during the evaluation that because of high attrition and transfer rates, the need for retraining remains constant to maintain a properly skilled and motivated field staff.

Equally evident was that many, and probably most, factors contributing to the success or failure of service delivery are beyond the purview and direct influence of a Planning Directorate. This realization was reflected in the evaluation team's judgment that two target objectives within the Project Purpose to strengthen and expand the MOH's capacity to provide effective PHC should be scaled down, as Project Outputs. The first was Objective 2.G., "Assist in improvement of medical equipment and supply system", whose Verifiable Indicator was changed

from: Adequate supplies available at end of supply system (no stock-outs)

to: Study developed (in collaboration with Supplies and Equipment Directorate) for improving the logistical system's ability to maintain adequate equipment and stock levels at service outlets.

The second was Objective 2.H., "Expanded outreach and educational capabilities developed", whose Verifiable Indicator was changed

from: 5 home visits per auxillary per week, educational materials prepared and distributed.

to: Health education content incorporated into PHC Operational Plan and community outreach techniques included in training curricula designed for PHC workers.

Agreement was reached during the formal evaluation meeting that the need for retraining of health workers was of such high importance to the improving of services that it should appear as a principal recommendation of the evaluation.

C. Health planning efforts integrated with health services.

This EOPS objective is not yet fully attained. Much depends on the project's performance during its last phase as to whether a permanent and collaborative working relationship will develop, horizontally, between the Planning Directorate and the other Directorates charged with service delivery tasks. In a sense, the project has been more successful in developing the Planning Unit as a staff office responsive to requests "from the top" (see 20. A above), than as a line office, giving back-up, monitoring and guidance to other Directorates. One problem is that the Directorate has been perceived as competitive rather than collaborative. Effective implementation of the Proposed Work Plan (Annex A), containing a good deal of help to the health services

development elements of the MOH, will enhance the prospects of the planning/service integration. The presence since Jan. 1984 of a second resident contractor, the Health Management Specialist, increase the chances that this linkage will become institutionalized by the end of the project.

19. Project Goal

The project goal is the improvement of the health status of Jordan's population, with special emphasis on the underserved groups in rural and urban poverty areas.

This goal remains valid.

20. Beneficiaries

In the most general terms, the beneficiaries of this project are the Jordanians within the jurisdiction of the primary health care clinics of the Ministry of Health. In a more direct fashion, the Ministry medical-administrative staff and the 730 Primary Health Care field workers benefit from the planning, research and training activities made possible by the project.

21. Unplanned Effects

There have been no notable unplanned effects.

22. Lessons Learned

As determined by both biennial evaluations, the scope of activities envisioned to be accomplished by the project was overly broad to achieve within the life of the project as originally designed. The narrowing of focus of the planning unit from attempting to deal with the entire health sector to concentrate on MOH planning, training and research functions was one outcome of the 1982 evaluation. Another result was the extension of the Project Assistance Completion Date (PACD) two years until Oct. 31, 1985, with concommitant funding.

It became clear during this year's evaluation work sessions that some expected outputs were outside the effective control and direct influence of a Planning Directorate. These included the targeted objectives of comprehensive health education services through clinic personnel outreach activities and development of educational materials, as well as vast improvement in the logistics system supporting clinic supply and equipment lines. Modifications of these outputs to limit health education actions to the training curricula for field workers, and to delete the " no stock-outs" target have been suggested by this evaluation to maximize the benefits of available resources over the short time remaining in the project.

The above considerations would argue for more realistic target setting at the design stage of project development, with a more reasonable balance struck between ambitious goals, set for perceived project cost effectiveness, and more practical and "do-able" objectives.

23. Special Comments or Remarks

The evaluation indicates that, after a delay in start-up and multiple revisions, the Project seems to be on track and progressing well in attaining its original objectives: improving health planning and upgrading delivery of basic health services in Jordan.

A feature of the evaluation that is worth noting was the process itself, which was a successful bringing together of the three parties — the MOH, the Westinghouse Contractor and USAID/Amman — in a constructive review of the project. During the formal meeting, the contributions of the Director of Primary Health Care were helpful in defining the linkages of the planning unit to the PHC service program, while the participation by the USAID Director underscored the importance that the Mission places on this project.

The evaluation exercise has led to greater interaction among the parties on current activities and, hopefully, greater understanding of and shared agreement on the work yet to be done.

List of Attachments

Annex A	Remainder of Current Project Work Plan	(9 pages)
Annex B	First Formal Evaluation, April 1982	(5 pages)
Annex C	Minutes of Evaluation Meeting, June 2, 1984	(9 pages)
Annex D	Proposed Expenditure Plan	(4 pages)
Annex E	Logical Framework	(5 pages)
Annex F	Financial Input Statements	(3 pages)
Annex G	Summary of Accomplishments, 1980-1982	(3 pages)

ANNEX A

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
I. PLANNING AND RESEARCH																		
A. Development of 5 year Plan																		
1) Develop plan outline																		1st draft of 5 year health plan for 1986-1990.
2) Develop workplan																		
3) Prepare 1st draft and submit for approval																		
B. Assist in Development and Implementation of Primary Health Care Operational Plan																		PHC Plan completed and implementation begun
C. Conduct Special Studies																		
1) Morbidity by Governorate																		Completed Study
2) Mortality in Jordan																		Completed Study
3) Costs of National Health Insurance																		Detailed costs for NHI program in Jordan or a proposal on how such costs could be derived
4) Infant Mortality - A Comparative Study																		Completed study in Arab countries
5) Oral Rehydration Therapy in Jordan																		Completed study of effectiveness of ORT or a proposal on how such a study could be completed

30

DATE: May 10, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
D. Development of Plan for Improvement of Health Status of Mothers and Children																		Plan to improve health status of mothers and children
E. Respond to Special Requests																		
II. EVALUATION OF ONGOING PROGRAMS																		
A. Evaluation of Service Costs and Accounting Structures or Financing Methods																		Report on method for deriving cos or proposal for the development of cost study
B. Evaluation of Administrative Structures Within Health Services																		Report on Administrative structures and recommendations to improvement
III DATA SYSTEMS DEVELOPMENT																		
A. Primary Health Care Information System Implementation																		PHC Info. Syst. functional throu out the Kingdom. PHC data analyze and reported.
1) Print forms																		
2) Distribute form and tra n appropriate staff																		
3) Gather, analyze and report resultant data																		

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter		16th Quarter		17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
B. 1983 Fertility Survey Data Utilization																		
1) Work with DOS and CDC to analyse data																		3 Research papers based on 83 survey data written and presented at August conference
2) Write 3 research papers based on 83 data																		
C. Continue Development of Data Base for Directorate of Planning																		Expanded, current and accurate data for planning and research
IV. TRAINING																		
A. Planning Manual																		
1) Translate into Arabic																		Planning manual in Arabic distributed and in use throughout Kingdom
2) Develop and conduct short training course on use of the manual																		
3) Distribute manual																		
B. Conduct and/or Supervise Short Term In-Service Training																		
1) Research Methodology and report writing																		Increased Capability in research, planning and epidemiology
2) Planning Methodologies																		
3) Epidemiology																		

Best Available Document

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
C. Arrange In-Country Training Courses																		
1) Computer applications																		Increased capability in use of computer, English language and Increased understanding of Health Care Finance
2) English language																		
3) Health Care Financing																		
D. Arrange for Out-of-Country Training																		
1) Long term training for one person - leading to Master's Degree in Health Planning and Administration																		Planning Unit member with MPH degree from U.S. Univ. and specialized knowledge of Health Planning & Administration
2) Long term training for one person - leading to Master's degree in Health Services Administration																		Planning Unit member with M.S. degree from U.S. Univ. and specialized knowledge of Health Services Administration
3) Short term training																		
a. Chapel Hill for 2 persons																		Increased capacity of Planning staff to plan, evaluate and manage data.
b. Other appropriate short term training for two persons																		
4) Assist with In-Service Training required for Health Systems Development																		Partial Implementation of PHC Operational Plan

Best Available Document

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

DATE: May 10, 1984

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
V. DEVELOPMENT OF ORGANIZATION AND MANAGEMENT OF PLANNING UNIT																		
A. Revise and Develop Organizational Structures and Management Practices as Necessary	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	Organization Structures Management Procedures job descriptions
B. Continue and Strengthen Liaison betwen the Directorate of Planning and other MOH and GOJ agencies	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	Closer reporting and working relationships with other elements of MOH and GOJ
C. Purchase Training Materials and other commodities as outlined in MOH Spending Plan	—	—	—	—	—	—	—	— ▲										Sufficient Materials and equipments to support objectives and planners activities of the projects

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
VI. COLLABORATE IN DEVELOPMENT AND IMPLEMENTATION OF PHC OPERATIONAL PLAN		- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	Operational Plan designed, approved and initiati implemented.
A. Effective management techniques for expansion and improvement of PHC services		- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -		
B. Collaborate in development, integration and measurement of impact of the several subsystems Eg. supervisory		- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -		

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
VII COLLABORATE WITH AND CONTRIBUTE TO TRAINING ACTIVITIES: PHC	- -	- - - - - - - -			- - - - - - - -			- - - - - - - -			- - - - - - - -			- - - - - - - -			- - -	Training programs planned, approved funded and implemented.
A. Preservice Training of PHC Leadership	- -	- - - - - - - -			- - - - - - - -			- - - - - - - -			- - - - - - - -			- - - - - - - -			- - -	
1. Family Physician specialist including Emergency Medicine: - Preparation of Proposal		——▲																
2. Public Health Physician Training including Preventive Medicine. - Preparation of Proposal			——▲															
3. Nurse and Nurse/Midwives Educators - Preparation of Proposal		——▲																
4. Community Health Nurses - Preparation of Proposal			——▲															
5. Health Manager for the Comprehensive Health Centers - Preparation of Proposal				——▲														
6. Technicians Proposal for Expansion				——▲														
7. Others: Enrichment of curricula, Dentists, Pharmacists, Engineers, Economists					——▲													

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
B. PRESERVE TRAINING OF PHC AUXILLARIES:																		Training of PHC Auxillaries up-graded
Review of curricula of Institutes of Assist. Technicians and Schools of Assist. Nurses.																		
Preparation of Proposal for Upgrading of facilities and expansion of enrollment																		
C. INSERVICE TRAINING OF PHC WORKERS																		
1. Continuing Education for Educators and Practitioners Assessment and Preparation																		At least one session for each category planned and conducted.
a. Physicians																		
b. Nurses & Nurse-Midwives																		
c. Managers																		
d. Technicians																		
e. Assistant Nurses																		
f. Assistant Technicians																		
2. Training workshops in Governorates and Districts on PHC plan and obtain feedback to improve the system.																		Training workshops on PHC plan conducted.
3. Training tours for senior staff in countries with good PHC programs: Preparation of Proposal.																		Tours planned, approved, funded and conducted

DATE: May 30, 1984

HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

REMAINDER-OF-CURRENT-PROJECT WORK-PLAN, JUNE 1984 - OCTOBER 1985

	6 Month Workplan				6 Month Workplan						6 Month Workplan							
	15th Quarter	16th Quarter			17th Quarter			18th Quarter			19th Quarter			20th Quarter			Final Month	
PLANS AND ACTIVITIES	Jun. 84	Jul. 84	Aug. 84	Sept. 84	Oct. 84	Nov. 84	Dec. 84	Jan. 85	Feb. 85	Mar 85	Apr. 85	May 85	Jun 85	Jul 85	Aug 85	Sept 85	Oct 85	OUTCOMES OR PRODUCTS
VIII SUPERVISE THE DEVELOPMENT AND DISTRIBUTION OF PHC PHYSICIAN'S MANUAL:	- -	- - - - - - - -			- - - - - - - -			- - - - - - -			- - - - - - -			- - - - - - - -			-	PHC Physician's Manual prepared, approved, printed distributed and evaluated
A. Advisory Committee formed, outline written and approved and writers selected and approved.		———																
B. Packet of material distributed and initial drafts written and typed.				——	———													
C. Initial drafts reviewed and final drafts written							——	———										
D. Editorial and printing and proof reading.											———			——				
E. Distribution and evaluation of impact															———			
VIII. FINAL REPORT																		
A. Prepare, revise as necessary and submit final project report															———		—	Final Report

38

ANNEX B

FIRST FORMAL EVALUATION, APRIL 1982

On April 28 and 29, 1982, USAID conducted meetings to evaluate the Health Planning and Services Development Project. During this evaluation the following recommendations were made:

a. Project Planning Component:

1. The Ministry of Health develop in written form the role and functions of the planning unit and how it will fit in the Ministry organization. This should be done during the development phase ending this year.

2. Consider narrowing the focus of the planning unit during the operational phase to the development of a plan for National Basic Health Care or management and budgeting.

3. The Ministry of Health develop a written policy on Basic Health Care including priorities and resource allocation. This includes manpower utilization, location and type of facilities providing services and support necessary.

4. That technical assistance needs be re-assessed with regard to the type and number of consultants required.

b. Training Component:

1. It is suggested that consideration be given to attaching the four training specialists at the central level to the Directorate of Basic Health Care as regional coordinators to coordinate the continuing training and supervision with the Governorates.

2. Consideration should be given to the preparation of Physicians Manual as suggested by Dr. Coray.

3. Also that orientation be provided to the Health Administrators in the Central Ministry of Health Line Directorates and Governorate top level staff on what skills have been taught those people working in Basic Health Care.

In the months following the evaluation all of these recommendations were reviewed and activities were planned and undertaken to meet these recommendations with the following results:

A. Project Planning Component:

1. An organization plan for the placement, role and functions of the Planning Unit within the Ministry of Health was presented to USAID in May 1983.

2. The extension of the project was focused on primary health care and management issues.

3. A first draft of a policy plan by the Ministry of Health on primary health care services has been completed and is now under review. This is the Operational Plan referred in the Project Extension.

4. Technical assistance needs were reviewed and a small select group of consultants has been used for longer or repeated periods rather than having a large number of consultants for short periods.

b. Training Components:

1. Guidelines for coordinating training services through the Primary Health Care Directorate were written by Ministry personnel and two of the training counterparts were transferred to the Primary Health Care Directorate to implement those guidelines.
2. A draft of a physicians manual was written by Dr. Coray.
3. During a three day workshop presentations were made to the staff of the Primary Health Care Directorate, representatives of the Governorates and other Ministry Officials on the training given to Basic Health Care Workers and on the results of the pre-post and impact tests.

Subsequent to the evaluation, meetings were held between the Minister of Health, USAID and the Westinghouse Project Team to discuss the extension of the project. Through these discussions it was agreed to retain the general goals and purposes of the project, to bring the two components into closer coordination and to build on the progress already made by the project. The following eight tasks were agreed upon:

1. Develop an operational plan for Primary Health Care that would include:
   i. Organizational and management systems
   ii. Management and supervision training
   iii. The distribution and utilization of manpower
   iv. Equipment and facilities development and utilization
   v. Types of services to be provided.
2. Implement the operational plan developed in objective 1 above. (Note: Implementation would require training of, consultation with, and actual supervision of personnel involved in institutionalization of the new systems).
3. Preparation of a Primary Health Care Medical Manual. (Note: The need for such a manual was determined through the testing that was done as part of the retraining program. The manual is a guide for primary care physicians whose training has been essentially in hospitals).

4. Plan and conduct a study into the causes and magnitude of infant mortality in Jordan.

5. Assist the Ministry of Health and USAID to carry out an oral rehydration study to be done in southern Jordan.

6. Assist in development of an 18 month curriculum for nurse training. (Note: A committee that included representative of all health sectors aided by members of the Project Team have completed this work).

7. Plan and conduct an expanded impact test that would include the largest number of clinics and centers possible. (Note: This test was to be only a sample of certain clinics and centers. During the expanded impact testing, valuable data was gathered which willbe used in the development of the Primary Health Care Plan).

8. Assist and supervise the planning and development of the next 5-year plan of the Ministry of Health.

ANNEX C

MINUTES OF EVALUATION MEETING

JOINT EVALUATION AGENDA
JUNE 2, 1984

09:00	Opening Remarks
09:10	Background A. Contract and Funding B. Health Management and Services Development Project Background
10:00	Break
10:20	Log Frame Progress Summary and Future Plans
12:00	Recommendations and Closure
1:30	Closing Remarks

DRAFT

JOINT Evaluation of Health Management and Services Development Project, Jordan

The evaluation meeting was convened on June 2, 1984, at 09:20 in the Primary Health Care Library/Conference Room.

Present At the Meeting Were:

1.	Dr. Mahmoud Shahid	Director, Planning, Training & Research Directorate (MOH)
2.	Mr. Jerry Gower	USAID/J, Deputy Director
3.	Dr. Suleiman Qubain	Director, Primary Health Care Directorate (MOH)
4.	Dr. Abdulla Hamdan	Chief of Planning, Project Director, Health Management & Services Development Project, Directorate of Planning (MOH)
5.	Mr. Robert Haladay	Health and Population Officer, USAID/J
6.	Dr. James Jeffers	Assistant Director, Westinghouse Health Systems Division
7.	Mr. Donald Harbick	Chief of Party, Westinghouse Health Systems Division
8.	Mr. Nasr Nasr	Training Officer, USAID/J
9.	Mrs. Nancy Carmichael-Hardy	Assistant Program Officer, USAID/J
10.	Dr. Wadie Kamel	PEC Management Specialist, Westinghouse Health Systems Division
11.	Dr. Fouad Al Ayed	Health Planning Counterpart (MOH)
12.	Dr. Mahmoud Nababteh	Health Planning Counterpart (MOH)
13.	Mrs. Nawal Haddad	Health Planning Counterpart (MOH)
14.	Mrs. Hamneh Dababneh	Health Planning Counterpart (MOH)
15.	Dr. Abdulla Rahahleh	Health Planning Counterpart (MOH)
16.	Dr. Mohammed Musa	Health Planning Counterpart (MOH)
17.	Mr. Abdul Rahim Ma'ayta	Health Planning Counterpart (MOH)
18.	Miss Shereen Shuwayhat	Project Administrative Assistant, Westinghouse, the Recording Secretary for the Evaluation Meeting.

The evaluation meeting was opened by Dr. Shahid who welcomed the group and expressed his desire for a successful evaluation meeting and continued progress for this project.

Dr. Abdulla Hamdan presented the project background, summarizing the stages of the project, the contract and budget history, the achievements of the project and the inputs of the project.

In regard to the interaction of the project with Primary Health Care, Dr. Qubain explained to the participants the functions of the Primary Health Care Directorate and informed the group that his staff was preparing a report regarding the strategies of PHC. He noted that this report is available but that the copies are in Arabic.

Regarding the Infant Mortality Report (IMR) that was done, Mr. Nasr asked what the impact was of this study. Dr. Abdulla answered by saying that the study had been requested and approved by His Excellency the Minister of Health and that the study has been used in several places, e.g. the University of Jordan. Dr. Shahid then said that we did not expect to see the results and effects of the study as soon as we finished with it. He further noted that as the study became known it was read and cited and at the same time it serves as a basis for studies and plans done by the MOH. Dr. Abdulla stated that we use all the studies that the Unit has done and that these studies would help the MOH in preparing the Five-Year Health Plan. Dr. Qubain asked whether this was the first study ever conducted on Infant Mortality. Mr. Ma'ayta informed the group that several previous studies were conducted prior to this.

Regarding the Oral Rehydration Study, Dr. Qubain questioned whether such study had been done. Dr. Abdulla responded that some studies had been done. He (Dr. Qubain) then indicated that it would be important to conduct such a study but insisted that it would be coordinated and done by both his directorate and the directorate of planning. Dr. Shahid agreed to this and noted that he hoped that all this could be done with the help of USAID. Mr. Haladay confirmed that USAID was still interested in the ORS as it relates also to IMR, and that AID is interested in providing consultants and resources for this project.

Dr. Abdulla presented the section on "External Factors". He noted that because of the many requests by the Minister of Health, time for other planning projects was severely limited. Dr. Abdulla stressed that this was only his personal opinion. When Dr. Shahid asked Dr. Abdulla whether he thought the Unit was functioning properly, Dr. Abdulla responded that it was not performing as it should be and this was due to the lack of skills and the MOH interruptions. He stated that we should find a way to stop these interruptions and that we should assign someone to be in charge of these requests. Mr. Harbick was then asked his opinion on this. He noted that we should not set aside the requests of the ministry, but we should be scheduling our work better. Mr. Harbick

further stated that we do not want the minister to stop relying on our help anymore. Dr. Abdulla questioned whether there should be a separation among staff tasks, having full time staff for the project and half time staff for external assignments: Mr. Haladay responded that one of the principlal purposes in supporting the project would be institutionalizing the Planning Unit, and that when the Ministry asks the Unit to work for it, the planning unit is being considered as a useful part of the ministry. Mr. Jeffers noted that if the unit cannot respond to the Ministry's requests, it means that you cannot respond to the Minister and that this would make the Planning Unit useless to the Minister.

On the subjection of National Health Insurance and financial or cost study needs, Mr. Haladay stated that in the proposed cost study the MOH stated it needed an economist and an accountant. Mr. Haladay noted that the proposal, however, does not say what the MOH wants these experts to do: The letter to USAID from the NPC did not mention any specific tasks. Mr. Haladay said that USAID needs to have this more clearly defined. Dr. Kamel said that a proposal had been prepared and that it does specify what we need these experts to do. He informed the group that Dr. Jeffers is working on a detailed Scope of Work for these two experts. Mr. Haladay said that AID would like to have the Scope of Work sent formally from the Minister of Health to the Director of AID.

At 10:25 a.m., the meeting was adjourned for a short break.

The meeting was reconvened at 11:00 a.m.

Dr. Abdulla presented the summary of progress towards objectives listed in the logical framework.

Mrs. Dababneh asked what was the meaning of on-the-job training, why are the courses for training stopped, why was the Chapel Hill course cancelled? Dr. Shahid answered that no one is being sent to the Chapel Hill session this year because the unit already had 6 people who had trained at Quails Roost or Chapel Hill and that he felt that the rest of the staff should be trained in other schools. He wanted to use a variety of schools not just the one.

Dr. Fouad then stated that the staff of the planning unit did not have job descriptions and questioned why. Dr. Abdulla said that this was not for the Planning Unit to do. He said it is the Ministry's job. He noted that all the unit could do was to develop job descriptions but that it was up to the ministry to accept them. He stated strongly, however, that he fully agrees with Dr. Fouad about each person needed to have a job description. Dr. Shahid said there were difficulties in doing this since the staff of the unit all have one job description, and when a specific task is requested, the one who is more efficient in that task, or who has the most experience, would perform the task. He noted that everyone is working as a team and that their job descriptions is the planning unit's job description. Dr. Qubain informed the group that the PHC Directorate has separate job descriptions for all its employees. Consensus was that job descriptions were important.

Regarding target objective number 5 of the logical framework, the evaluation of other MOH on-going programs: The group noted the MCH services that were evaluated by the WHO. Dr. Shahid stated that the evaluation by WHO is not enough for this project, and that the unit should undertake a more detailed evaluation of MCH services. Dr. Qubain stated that "nothing is perfect from the first time ever", so we should strive to improve our performance. Dr. Abdulla asked whether Dr. Qubain thought another evaluation should be conducted soon. Dr. Qubain replied that he did not think so.

Regarding target objective number 6 of the logical framework, Planning Manual developed and MOH personnel trained to use it: Dr. Shahid stated that if we do not conduct workshops and explain how to use the manual, then we will have not made the most of the money and efforts invested in this manual. He noted that we need to distribute the manual and teach people about planning and management. The group agreed that workshops should be conducted. Dr. Shahid stated that he did not care whether the workshops were in English or in Arabic as long as they were conducted.

Regarding target objective number 1 of Part II of the logical framework, Development of the Physician's Manual: Dr. Shahid said that intensive work is needed on this. The manual that was developed was too large, too medically oriented and overly technical and, therefore, needs to be revised.

Regarding target objective number 2 of Part II of the logical framework, the PHC personnel trained and providing services: Dr. Qubain said that most of those who had been trained have forgotten what they learned and therefore, need retraining. He further noted that when the centers were visited, it was found that the equipment that was supposed to be available in the centers was not there. Mr. Haladay asked who would be responsible for training and retraining and what funding would be used. Dr. Qubain replied that the training and retraining should be cooperatively by the Planning Directorate and the PHC Directorate, and with the help of USAID, if possible. Mr. Harbick noted that there are still trainers working in each of the Governorates who could ve used for training courses. Mr. Haladay then asked whether there was any community outreach being done by assistant nurses. Dr. Qubain answered that he thought outreach was being performed. Mrs. Haddad and Mrs. Dababneh stated that the outreach was done only occasionally . Mrs. Haddad asked why a program of community nursing was not established to promote outreach. Dr. Qubain stated that a community nursing program would need to have job descriptions developed also.

Dr. Qubain noted that he would like to utilize the personnel of the Health Planning Unit to help the staff of the PHC Directorate in their job to improve the health worker's performance. He further stated that all this is to be done now and we do not have enough time to wait for the development needs of a community health nursing program.

In regard to English language training: Dr. Shahid noted that there is a need for such training for some of the Planning Unit staff. Four persons are now available for English language training and another four persons, nurses, will be added to the sessions to be conducted in the Directorate building.

At 12:35 p.m. the meeting was adjourned for a 10 minute break.

At 12:45 the meeting reconvened. The topic of discussion was work plan for the remainder of the project. Dr. Shahid asked whether the project had money to send someone from the Unit staff for long term training. Mr. Harbick answered that the project has money, and that the only hinderance has been the staff's ability to pass the TOFEL test. He stated that we also always need the permission of the Ministry. Dr. Shahid then asked whether it was possible to send persons to the U.S. two months in advance to take an English course and after that continue with the fellowship. Mr. Nasr Nasr and Mr. Haladay responded that that was not possible because institutions for language training are available in Jordan.

In regard to the continuing education for educators and practitioners, e.g. physicians, nurses, nurse-midwives, managers, technicians, assistant nurses and assistant technicians: Mr. Haladay asked if this coincides with the budget of the Ministry for these courses. Dr. Kamel responded that this training was part of inservice training noted in the budget and that these courses do not cost much money; the estimation done was about 300 JDs for one course.

In regard to the Preservice Training of PHC Leadership: Dr. Shahid asked what Preparation of Proposal meant. Dr. Kamel explained that the proposals cited would actually be working plans, which would describe how this training could be conducted and financed. He noted that there are persons at the University who have the training and experience to provide such training.

In regard to the item on supervising the development and distribution of the Physician's Manual, Mr. Haladay asked whether there is any resistance to having this type of manual done? Dr. Qubain answered that yest there was. However, the physician's manual is badly needed. Dr. Shahid explained that the only objection to the manual is that the prototype that was done was too medically oriented and what was needed was a public health oriented manual. The consensus of the group was to develop an outline for the manual and then to submit it with a proposed development plan for approval.

With the completion of the discussion of the workplan the group began discussing the development of recommendations for the improvement and future activities of the project. The following recommendations were agreed upon:

1. As a first step in the development of the revised Primary Health Care Physician's Manual a detailed outline of the proposed manual and a plan for its development should be prepared and submitted to the appropriate persons for approval.

2. A list of physicians who have been trained as trainers for assistant nurses should be submitted to Dr. Qubain, so that he can institute a training and retraining program for assistant nurses. In addition, the project should provide assistance as appropriate to Dr. Qubain in the retraining of assistant nurses.

3. A study of the use and effectiveness of Oral Rehydration Therapy should be conducted by the project in conjunction with the Primary Health Care Directorate.

4. A detailed outline of a community nursing program including job descriptions, training required, and services performed should be prepared and submitted to the appropriate persons for review and implementation.

5. The project should select, prepare and fund long term training for two individuals from the Ministry of Health project staff. Such training should lead to a Master's Degree in Health Planning and Administration and/or in Health Services Management.

6. In support of the project's long term training efforts and to increase the capabilities and effectiveness of the project's Ministry of Health staff, intensive training in English language should be initiated as soon as possible with funding from the project budget. In addition to the Ministry of Health project staff this intensive English language training should be made available to at least four nurses who may be qualified for nursing fellowships in the United States.

7. A detailed outline of the skill mix needed for an efficient and effective Planning Unit in Jordan should be prepared. Such outline should also include a strategy for obtaining this skill mix i.e. hiring of persons with certain training or experience, coordination agreements with other agencies or institutions possessing such skills and/or the training of existing or proposed staff.

8. The project workplan and Ministry of Health spending plan should be reviewed, approved and adopted for implementation as soon as possible. (Both USAID and the Ministry of Health reserve the right to recommend changes in both of these documents in order to maintain conformance to the project agreement, the project paper, the USAID-Westinghouse contract, USAID rules and regulations and other agreements affecting this project).

9. Delete Target objective number 7 of the logical framework, page six. Modify target objectives number 4 and 5. On number 4 change the implementation to be the development of a baseline and measurement of the decrease. On number 5, change the heading to read "develop methodology for determining cost of per patient and incidence of preventable diseases in the population served".

10. Job descriptions for the planning staff should be developed and approved.

Mr. Haladay noted that the evaluation had gone very well and expressed his gratitude to the Ministry and the Project staff for their hard work and assistance. He further stated that USAID looked forward to participating in the meeting with His Excellency, when this evaluation would be discussed.

Dr. Shahid thanked the group for its work.

The meeting was adjourned at 14:35.

ANNEX D

May 30, 1984

PROPOSED SPENDING PLAN FOR THE MINISTRY OF HEALTH,
HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT
USAID CONTRIBUTED FUNDS

The attached document outlines the Ministry of Health's proposed budget for the approximately 377,576 U.S. Dollars designated for its use in support of the Health Management and Services Development Project. The expenditures are divided into three line items: Participant Training, Commodities, and Other. If the Ministry desires and if USAID concurs, money designated for use in one line item may be transferred to another line item. Therefore, while the amount planned for use in the "Other" line item in the attached spending plan exceeds the amount budgeted for that line item, money not used in the Participant Training and Commodities line items may be transferred to the Other line item to make up for the deficit.

The amounts allocated to be spent in the attached plan are only estimates. Actual costs will be developed when specific items are selected for purchase.

PROPOSED SPENDING PLAN FOR THE MINISTRY OF HEALTH,
HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT
USAID CONTRIBUTED FUNDS

Total U.S. Dollars allocated 377,576
(All figures shown are U.S. Dollars)

TRAINING ($ 105,797 allocated)

YEAR 1984	1985	
	22,500	1 long term (1 year) training - Planning and Management
	22,500	1 long term (1 year) training - Health Services Administration
	10,000	2 short term training sessions - Chapel Hill (1985)
6,000		1 short term training - Computer Applications for Statistics and Planning
	10,000	2 short term training - Health Services Management
	10,000	1 short term training - Logistics
4,000		- Intensive course in English language for 10 persons taught in Jordan
4,000		- Research Methodology and Evaluation Course taught in Jordan for 10 persons
	4,000	- Logistics Course taught in Jordan for 10 persons
	4,000	- Computer Applications Course taught in Jordan for 10 persons
14,000	81,000	TOTAL

Total of All Training: $ 95,000

COMMODITIES ($ 159,484 allocated)

YEAR 1984	YEAR 1985	
30,000		Two vehicles (replacement of 2 of present vehicles - one replacement to be 4 wheel drive and assigned to Dr. Kamel)
3,000		Two Arabic Typewriters
8,000		Two English electric memory typewriters
12,000		One Arabic-English word processor
1,500		Ten hand held electronic statistical calculators
35,000	15,000	Training materials for implementation of 18-month assistance nurse, curriculum and midwife training at paramedical schools (Medical models, visual aids, flip charts, transparencies, slide projector, movie projector and screen)
18,000	7,000	Training materials to be used for project training functions (2 flip charts, transparencies, slide projector, movie projector and screen), reference books.
	8,000	One photocopy machine
12,000		Two air conditioners for basement classroom, offices and conference room.
111,500	35,000	TOTAL

Total of All Commodities: $ 149,500

OTHER ($ 112,925 allocated)

YEAR 1984	YEAR 1985	
30,000		Printing of information system forms (6 months worth)
	8,000	Printing of Physicians Manual (2,000 copies)
5,000		Translation of Health Planning Manual
2,000	3,000	Translation of Studies, Evaluations and Plans
	5,000	Printing of Arabic version of Health Planning Manual (1,000 copies)
7,000	8,000	Miscellaneous special supplies
20,000		Partitions for basement offices and conference room
10,000	15,000	Miscellaneous costs for services development training sessions.
6,000	14,000	Honorarium for consultation of Physicians Manual
80,000	53,000	TOTAL

Total of All Other: $ 133,000

Total of Planned Spending: U.S. $ 377,500

ANNEX E

IV.B. Revised Logical Framework

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding: 2,875,000
Date Prepare: 10/20/82

Project Title & Number: Health Planning and Services Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program of Sector Goal: The broader objective to which this project contributes: (A-1)	Measures of Goal Achievement: (A-2)	(A-3)	Measures for achieving goal targets: (A-4)
Improved health status of Jordan's population	Decreases in preventable morbidity and mortality	Morbidity and mortality Statistics	Continued GOJ commitment to health status improvement Economic situation and political climate remain stable.

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding: 2,875,000
Date Prepare: 10/20/82

Project Title & Number: Health Planning and Services Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
1. To develop and operationalize planning policy, analysis, evaluation, and programming for health services delivery within the MOH	1A. Planning Unit operational actively involved in program design, making recommendations for MOH resource allocation and evaluating on-going programs. 1B. Planning Unit recommendations put into action	1. Actions completed by Planning Unit evaluated by independent evaluation team.	1A. MOH policy level personnel will utilize planning unit in decision making process. 1B. MOH has authority to determine internal policy and allocate resources accordingly
2. To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.	2. All BHC workers trained and in place, training institutions teaching BHC skills. Support systems i.e. supervision logistics budget and accounting procedures being used, health information system being utilized. Clients using health services network and outreach methods being implemented.	2. Training courses reviewed, teaching curricula examination field inspections, health management system records, service statistics and health education materials and methods reviewed.	2A. Trainees available in sufficient quantity and quality and appropriately placed. 2B. Continued GOJ commitment to improvement of basic health care services. 2C. Budget allocation sufficient to fund expanded services 2D. Education and outreach activities will motivate population to utilize services.

58

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding: 2,875,000
Date Prepare: 10/20/82

Project Title & Number: Health Planning and Services Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
1. To develop and operationalize planning policy, analysis, evaluation, and programming for health services delivery within the MOH	1A. Planning Unit operational actively involved in program design, making recommendations for MOH resource allocation and evaluating on-going programs.	1. Actions completed by Planning Unit evaluated by independent evaluation team.	1A. MOH policy level personnel will utilize planning unit in decision making process.
	1B. Planning Unit recommendations put into action		1B. MOH has authority to determine internal policy and allocate resources accordingly
2. To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.	2. All BHC workers trained and in place, training institutions teaching BHC skills. Support systems i.e. supervision logistics budget and accounting procedures being used, health information system being utilized. Clients using health services network and outreach methods being implemented.	2. Training courses reviewed, teaching curricula examination field inspections, health management system records, service statistics and health education materials and methods reviewed.	2A. Trainees available in sufficient quantity and quality and appropriately placed.
			2B. Continued GOI commitment to improvement of basic health care services.
			2C. Budget allocation sufficient to fund expanded services
			2D. Education and outreach activities will motivate population to utilize services.

59

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding: 2,875,000
Date Prepare: 10/20/82

Project Title & Number: Health Planning and Services Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
1. To develop and operationalize planning policy, analysis, evaluation, and programming for health services delivery within the MOH	1A. Planning Unit operational actively involved in program design, making recommendations for MOH resource allocation and evaluating on-going programs.	1. Actions completed by Planning Unit evaluated by independent evaluation team.	1A. MOH policy level personnel will utilize planning unit in decision making process.
	1B. Planning Unit recommendations put into action		1B. MOH has authority to determine internal policy and allocate resources accordingly
2. To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.	2. All BHC workers trained and in place, training institutions teaching BHC skills. Support systems i.e. supervision logistics budget and accounting procedures being used, health information system being utilized. Clients using health services network and outreach methods being implemented.	2. Training courses reviewed, teaching curricula examination field inspections, health management system records, service statistics and health education materials and methods reviewed.	2A. Trainees available in sufficient quantity and quality and appropriately placed. 2B. Continued GOJ commitment to improvement of basic health care services. 2C. Budget allocation sufficient to fund expanded service 2D. Education and outreach activities will motivate population to utilize services.

8

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding: 2,875,000
Date Prepare: 10/20/82

Project Title & Number: Health Planning and Services Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
1A. Health Planning Unit fully staffed with well trained personnel.	1A. 5 staff members assigned to Planning Unit, 46 man months of training received by these staff members.	1A. MOH personnel records, project training records.	1A. Personnel available to fill these positions
1B. Health Information System for Primary Health Care established and functioning within the MOH.	1B. Data and reports generated covering: personnel, population costs, services delivered, costs, and source and amount of financing.	1B. - E Expert evaluation of end products	1B. - G MOH will make maximum use of planning outputs
1C. Special studies carried out.	1C. At least two studies completed (Infant Mortality and ORS Usage).		
1D. Analyses of basic health care delivery and development of an operational primary health care delivery system.	1D. Development of a comprehensive operational plan for the basic health care system.		
1E. Evaluation of other MOH on-going programs.	1E. Evaluations carried out on MOH programs in MCH, administration and staff utilization.		
1F. Planning manual developed and MOH personnel trained in its usage	1F. One prototype manual prepared, 200 copies distributed, 3 workshops held.	1F. Evaluation of manual project cost and training records	
1G. Assist in development of Five Year Plan for the MOH.	1G. One 5 year plan prepared covering CY 1984 through 1988.	1G. Review written plan.	1G. Plan will impact on MOH decision making process.

6

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding: 2,875,000
Date Prepare: 10/20/82

Project Title & Number: Health Planning and Services Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
2A. Basic Health Care Physicians Manual developed.	2A. One prototype manual prepared, 2,000 copies distributed.	2A. Evaluation of manual, project financial records.	MOH continues to assign importance and resources t
2B. Basic Health Care personnel trained, in place, and providing services.	2B. Approximately 900 worker trained 600 clinics fully staffed, equipped and functioning.	2B. Training course reports, clinic records, impact study.	2A-C. Pre-service and in service training and servi delivery
2C. Basic health care training occurring on a continuous basis.	2C. 13 training institutions teaching basic health care skills.	2C. Curricula examined for adequacy, enrollment records	
2D. Population served by Basic Health Care System increased.	2D. Population served by all clinics increased by 75 percent.	2D. Clinic records.	2D. Records are reliable.
2E. Basic Health Care System functioning more effectively and efficiently.	2E. Reduced cost per patient and reduced incidence of preventable diseases among population served.	2E. Impact study.	
2F. Supervisory system of all clinic personnel functioning.	2F. 50 supervisors trained and performing supervisory activities.	2F. Training records, reports of clinic visits, supervisory forms.	2F. Sufficient supervisory personnel is available.
*2G. Assist in improvement of medical equipment and supply syste	*2G. Adequate supplies available at end of supply system (no stock outs).	2G. Supply records and field inspections.	2G. Records are reliable.
*2H Expanded outreach and educational capabilities developed.	*2H. 5 home visits per auxiliary per week, educational materials prepared and distributed.	2I. Clinic records, interviews impact study.	2I. Field staff all motiv and able to visit communit they serve.
	* revised 6/2/84 (see next page)		

52

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

* REVISED OBJECTIVELY VERIFIABLE INDICATORS

2G Study developed (in collaboration supplies and Equipment Directorate) for improving the logical system's ability to maintain adequate equipment and stock levels at service outlets.

2H Health education content incorporated into PHC Operational Plan and community outreach techniques included in training curricula designed for PHC workers

ANNEX F

FINANCIAL INPUT STATEMENTS

HEALTH, MANAGEMENT AND SERVICES DEVELOPMENT PROJECT (278-0208)

SEPTEMBER 30,1977 TO MAY 23, 1984

F U N D I N G

	A.I.D.	GRANTEE	
FY 77	$ 750,000	385,000	
FY 78	500,000	- 0 -	
FY 79	125,000	340,000	
FY 80	500,000	- 0 -	
FY 83	1,000,000	1,102,000	(Est.)
TOTAL	$2,875,000	1,827,000	(Est.)

AID PROJECT INPUTS	AMOUNT OBLIGATED	AMOUNT EARMARKED	UNEARMARKED BALANCE	AMOUNT COMMITTED	EXPENDITURES ACTUAL	ACCRUAL	TOTAL	PROJECT PIPELINE
CONTRACT SERVICES	2,285,000	2,517,451	(232,451)	2,517,451	1,573,278	100,000	1,673,278	611,722
Westinghouse Elec Corp/Host Country		(1,657,790)		(1,657,790)	(1,497,071)		(1,497,071)	
Direct Contract/ Westinghouse Elec.		(859,661)		(859,661)	76,207	100,000	176,207	
PARTICIPANT TRAINING	165,000	59,203	105,797	59,203	59,203		59,203	105,797
COMMODITIES	264,000	104,515	159,484	104,516	104,516		104,516	159,484
OTHER COSTS	161,000	48,723	112,277	48,723	48,273		48,273	112,727
TOTAL	2,875,000	2,729,893	145,107	2,729,893	1,785,270	100,000	1,885,270	989,730

PACD: Original Agreement -07/31/80
First Extension -10/31/83
Second Extension -10/31/85 (Amendment No. 4)

The M.O.H Financial Input For HPSD To The End of 1985

1. Salaries of MOH Personnel

	77		78		79		80		81		82		83		84		85		Remarks
Item	No	Cost	No.	Cost	No.	Cost	NC	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	
Project preparation Team	--	--	4	1535	1	1365	1	1365	--	--	--	--	--	--	--	--	--	--	
Project Director	--	--	-	--	--	--	--	--	--	4800	--	5400	--	5400	--	4800	--	4800	
Other Administrator	--	--	-	--	--	--	--	--	--	--	--	--	1	300	1	300	1	300	
Cunter Parts	--	--	-	--	--	--	--	--	4	14000	9	32000	8	28800	6	20400	6	20400	
Trainers (Physicians)	--	--	-	--	--	--	--	--	45	13500	46	10425	--	--	-	--	-	--	
Trainers(Nurses).	--	--	-	--	--	--	--	--	941	104495	941	104495	--	--	-	--	-	--	
Other Employees.	5	2700	8	7020	8	7020	8	7020	9	7440	9	7860	11	8700	11	8700	11	8700	
Sub-total	5	2700	12	8555	9	8385	9	8385	999	144235	100	160180	20	45900	18	36900	18	36900	452140

11- Space, Furniture & Other Expenses

Item	1977	1978	1979	1980	1981	1982	1983	1984	1985	Remarkes
Old building 2/3	1105	11333	11333	11333	10228					
Present Building					2400	7200	7200	7200	7200	
Furniture	9231			3077	9231	12000	12000	12000	12000	
Computor		4000								
Basement Renovation					700					
Fuel, Water, electricity										
Car maintenance					500	1250	1800	2000	2000	
Sub-total	10336	15333	11333	14410	23059	20450	21000	21200	21200	158321
Grand Total										610461

($1,648,245)

Although this current figure is slightly less than the MOH in-kind contribution ($1,827,000) estimated earlier in the project, it may be increased to reach the initial estimate if the MOH allocates additional staff resources to the Planning Unit, as is recommended by this evaluation.

(Rate used: 1 J.D. = $2.70)

Summary of Accomplishments, 1980-1982

The following is a list of projects initiated and/or completed during the period 1980 through 1982.

I. Activities Completed/Materials Developed:

- Developed and approved (by MOH) task lists for Basic Health Workers.
- Developed curricula and lesson plans for trainers and Basic Health Workers.
- Developed courses for Basic Health Workers and a pretests/post-test/impact test method of evaluation
- Developed recommendations for an orientation course for newly hired MOH physicians.
- Prepared standardized lists of both equipment and medicine for health centers and clinics.
- Gave presentations to the staff of the Primary Health Care (PHC) Directorate on the training given to the assistant nurses, midwives and PHC physicians during the retraining courses, as well as on the techniques of supervision and guidance that is recommended for use by members of the health team.
- Developed final report of training team.

II. Products Published:

- Completed English and Arabic versions of Primary Health Care Manual.
- Developed a book entitled "Guide for Physicians in Charge of Primary Health Care Programs" to be used in the retraining courses of PHC physicians. 900 copies printed.

III. Training:

- Training in January 31, 1981, of 20 physicians. Course on epidemiology, teaching technology, administration and supervision. Course completed on April 23rd. Certificates given by Dr. Sami Khoury with the Minister presiding. (Course lasted 12 weeks).
- Training of 400 nurses, and retraining of 558 assistant nurses, 50 midwives and 100 physicians.
- Dr. Ronald Rowell came to Jordan for 12 days to work with counterparts on framework for health planning and conceptualization. April 1982.
- Dr. Robert Myrtle came to Jordan for 12 days to work with counterparts on human resources planning. June 1982.

68

- Health Planning workshop conducted by Drs. Reinke and DeSweemer.
- Retraining of Assistant Nurses (1 month, 740 nurses), 87 Midwives (3 weeks), 19 physicians (3 days). Title for physician's course was "Supervision Training for PHC Physicians Working for Jordan MOH".
- Conducted workshop on Primary Health Care and Nursing Staff: Dr. Stephen Coray, Mrs. Georgina Coray, Dr. L.K. Gibbons and Dr. Diane McGivern.
- Training for Planning counterparts by Dr. David Berry on Estimating the Capacity of the Health Care System.